

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee			FEC IDENTIFICATION NUMBER ▼ C C00495010		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee WPGG/Townsquare Media			Date 10 / 14 / 2013		
Mailing Address 950 Tilton Road Suite 200			Amount 535.5		
City Northfield		State NJ	Zip Code 08225-1235		Transaction ID : 88061
Purpose of Expenditure 10/15-10/16 Radio Advertising		Category/ Type 		Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Lonegan				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48280.72			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee WPGG/Townsquare Media			Date 10 / 14 / 2013		
Mailing Address 950 Tilton Road Suite 200			Amount 535.5		
City Northfield		State NJ	Zip Code 08225-1235		Transaction ID : 88062
Purpose of Expenditure 10/15-16 Radio Advertising		Category/ Type 		Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Cory Booker				Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 31747.83			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			1071.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;"> Signature <u>Kelly Lawler</u> [Electronically Filed] Date 10 / 14 / 2013 </p>					

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Form/Schedule: F24N
Transaction ID :

To report Expenditures for Special Election being held 10/16/2013 in NJ

Form/Schedule:
Transaction ID:

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Campaign Committee		FEC IDENTIFICATION NUMBER ▼ C C00495010	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name (Last, First, Middle Initial) of Payee Joe (Joseph) Wierzbicki		Date M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2013	
Mailing Address 1501 15th Street Apt. 4		Amount 883.71	
City Sacramento	State CA	Zip Code 95814-6019	Transaction ID : 88063
Purpose of Expenditure 10/14 Online Advertising	Category/ Type	Office Sought: <input type="checkbox"/> House State: NJ <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Steve Lonegan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 48280.72		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee		Date M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		883.71	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		1954.71	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Kelly Lawler</u>		Date 10 / 14 / 2013	
[Electronically Filed]			